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MINISTRY OF HEALTH

TRAINING OF DISTRICT NURSES

*Report
of the Advisory Committee*

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*To The Right Honourable Derek Walker-Smith, T.D., Q.C., M.P.,
Minister of Health.*

Sir,

I. INTRODUCTION

1. We were appointed by the Right Honourable Dennis Vosper, T.D., M.P., then Minister of Health, in June, 1957, with the following terms of reference:
“to advise the Minister on matters relating to district nurse training and in particular on the approval of schemes of district nurse training and examinations submitted by local health authorities.”
2. We beg to submit our report.
3. We have held eight meetings of our Committee. At the second meeting, we appointed a small Sub-Committee from among our members to consider details of an appropriate training course; the Sub-Committee met three times.

II. SYLLABUS OF TRAINING

4. Our first task has been to draw up a model training syllabus for district nurses as a guide in formulating their schemes to local health authorities and other bodies undertaking such training. Appendix A embodies our recommendations.
5. Before devising a suitable course of training, we considered generally the syllabuses of training of the Queen's Institute of District Nursing, the Ranyard Nurses and the County Borough of Newcastle-upon-Tyne. We were particularly interested in the contents of each syllabus since we assumed that any lecture which was common to all schemes could be regarded as essential.
6. We decided that it would be preferable to start with our own ideas for a suitable course rather than to use existing syllabuses as a basis. We had in mind particularly the importance of concentrating on subjects and techniques with which the nurse might be unfamiliar.
7. Our object has been to devise a 4-months' (i.e. 16 weeks) course, plus a week in which the examinations will take place, to include 1 day a week for lectures (i.e. 16 days) and not more than 2 lectures a day (i.e. 32 lectures).
8. The present syllabus of the General Nursing Council provides for some instruction in the social services as well as in the clinical aspects of disease and, in consequence, the general state registered nurse taking up district nursing will not only have been trained in the nursing of the sick, but will also have some knowledge of the health and welfare services provided by local authorities and voluntary bodies.
9. We are agreed that the syllabus for the course should be divided into two main parts, viz.
 - (1) Health, Welfare and Social Services.
 - (2) Nursing in the Home.

10. The purpose of the course is to enable the nurse to become efficient in district nursing, but no syllabus of training can cover every aspect of the field of work subsequently to be encountered. We have, therefore, endeavoured to make provision for the teaching of essential principles that will serve as a foundation for the nurse's subsequent work in the home nursing field.

11. In our opinion, instruction should include the adaptation of hospital nursing techniques to nursing in the home, the nursing of illnesses met infrequently in hospital, sufficient knowledge of the social services to enable the nurse to recognize when one or more of these services might be necessary for the welfare of the patient, the teaching of home care to relatives and the use of opportunities for health education.

12. We have based our syllabus on the assumption that full use will be made of modern teaching methods with the number of formal lectures kept to a minimum and by intention, therefore, it is not detailed.

13. Since the course is intended to be of as practical a nature as possible, we would stress the importance of demonstrations, in particular demonstrations on posture and lifting, and such visual aids as films and film strips being used with lectures wherever possible and of visits covering a wide and varied field, e.g. to local authority health services, factory health and welfare departments, old people's homes and industrial rehabilitation centres. As every nurse may not be able to make all these visits, we would suggest that one or more of those under training should cover each of the items in the programme so that by pooling information through group discussion, all the students may learn something of the work of these establishments.

14. The nurse should also be given the opportunity of becoming acquainted with advanced cancer cases and we think it would be advantageous if a visit to a Radiotherapeutic Centre or a Cancer Unit could be arranged in conjunction with the lecture on cancer.

15. We are of the opinion that experience in a rural area should, wherever possible, be included in all training schemes.

16. We would advise one study day a week or alternatively an equivalent total period of time in a block system, depending on the nature of the area in which the nurses undertake the practical work, the premises and staff available for teaching and the number of students.

17. In our view, it is important that the content of both the practical and the theoretical training should be capable of adaptation to meet the needs of the individual nurse according to her (or his) experience and aptitude. The nurse who has had special experience in the care of old people, for example, will clearly need less tuition in this aspect of home nursing than another student who has worked with children.

18. We recommend that in its early stages training should include both demonstrations at the training school and experience in the patient's home. The student should be introduced to nursing on the district as early as possible. During the early stages of her training we would expect her to work under the guidance of an experienced district nurse, the degree of supervision being reduced until she is able to take nursing charge of her patients. In this way, the student would give some service to the training authority, but we cannot stress too strongly that the training should be related to the needs of the students rather than to the immediate needs of a local health authority's home nursing service.

19. We are satisfied that a reduction in the length of training to 12 weeks for nurses who are health visitors or midwives or those who have had 18 months' experience of district nursing can be achieved by reducing the time allotted to those subjects in which the nurses in question have had previous training and experience.

20. We would emphasise the importance for all nurses of the course being based on nursing in the home, first by demonstration, then by work under supervision, leading by stages to the assumption of full responsibility for the nursing care of patients.

III. SUBMISSION AND APPROVAL OF TRAINING SCHEMES

21. We recommend that local health authorities and other bodies who wish to organize training schemes for district nurses should be invited to submit their proposals to the Minister for approval.

22. We consider it important that, in addition to supplying full details of their proposed syllabus, training authorities should submit the names and qualifications of the persons who would be responsible for directing the course of training, as well as a description of the training premises and facilities.

23. We are in favour of the formation of a small central Panel of Assessors, drawn from the Advisory Committee, to examine the schemes of district nurse training submitted by training authorities and to advise the Minister.

24. We suggest that the Panel of Assessors should comprise 7 members representative of the three interests concerned, as follows:

Nursing	...	...	...	3
Medical	...	...	...	2
Education	...	...	...	2

25. Following the submission of a scheme of training, the Minister would need to satisfy himself that proper standards were being provided and maintained. We suggest that the Minister's Public Health Nursing Officers should pay an initial visit and re-visit the training authority at intervals and report on the training schemes. The advice of the Panel of Assessors would continue to be available to the Minister in this connection.

IV. EXAMINATIONS

General

26. We are of the opinion that the examination is of secondary importance to the course itself, but that a method of assessment is essential for the maintenance of a nationally recognized standard of district nurse training.

27. We are agreed that the course should include a written and a practical examination, and that it is necessary for all candidates to take the whole examination.

28. In accordance with our terms of reference, we have endeavoured to devise a scheme for internal examinations, externally assessed. Appendix B comprises our recommendations.

29. In proposing the provision of a maximum of three examinations a year, we have had in mind the desirability of providing for a regular flow of students to pass through the course throughout the calendar year.

30. For the purpose of the examination, we suggest that each training authority should submit to the Minister the names of two or three competent persons prepared to act as Examiners.

31. We recommend the formation of a Panel of Examiners compiled from the names submitted, from which training authorities would invite one or more examiners to assist with each examination.

Written Examination

32. We are agreed that the written examination should consist of one 3-hour paper divided into two parts to cover the two parts of the syllabus. For this purpose, we attach more importance to Part (2) than to Part (1) of the syllabus, and suggest that the candidate should be required to answer, say, two out of three questions in the first part and four out of five in the second part. There should be no compulsory questions and we regard it as essential for the candidate to be successful in both parts of the paper.

33. It seems to us appropriate, and we recommend accordingly, for each training authority to be responsible for holding the examination for its own students at the end of an approved training course, provided that the draft examination paper is submitted beforehand to the Minister who, acting on the advice of the Panel of Assessors, would approve or, if necessary, amend the draft paper in order to achieve the nationally recognized standard.

34. After the examination has been held, the candidates' scripts, which should be numbered only, would be marked by the training authority's examiners.

Practical Examination

35. We are agreed that the practical examination should cover a normal half day's district work, including where possible a visit to a completely new patient.

36. Because of previous training and selection, it would not be expected that the nurse would fail in the practical examination. The assessment of this examination could, however, prove valuable when deciding a borderline case in the written examination.

V. REPORTS ON TRAINING

37. We recommend that the training authority should keep interim reports on the student's progress during training. For determining borderline cases, the training authority should be required to submit the interim reports with the candidates' scripts.

VI. ASSESSMENT AND APPROVAL OF PASS LIST

38. To ensure the achievement of the nationally recognized standard of district nurse training, we regard it as essential, and recommend accordingly, that the Panel of Assessors should assess the marking of a certain number of candidates' scripts, in addition to those of borderline cases.

39. Subject to the assessment of the marked scripts, the Pass List for each examination would be determined from the marks of the written and practical examinations.

40. We would advise that each candidate should be required to obtain 40 per cent. marks in each section of the written examination and also in the practical examination with a final average of not less than 50 per cent.

VII. CERTIFICATES

41. We recommend that each successful candidate should be awarded a certificate.

42. We suggest that the certificate should be uniform so that every successful student would have an identical certificate.

43. We think it desirable that the wording on the certificate should be as brief as possible and that there should be no reference to the place of training or examination.

44. We would advise, however, that each training school be given a code number and that this number, with the year of examination and the candidate's own number, be inserted on each certificate.

45. In our opinion, it would be appropriate for each certificate to be signed by the Chairman of this Committee, the Minister's Chief Nursing Officer and a nursing officer of the training authority. Appendix C illustrates our recommendations.

46. We suggest that, for reference purposes, the Minister should keep a list of the names of successful candidates.

VIII. SUMMARY OF MAIN CONCLUSIONS AND RECOMMENDATIONS

1. We recommend the adoption of the four-months' model district nurse training syllabus which we have designed to meet the needs of general state registered nurses who take up district nursing (Paragraphs 4, 7, 8 and 11).

2. The syllabus is divided into two parts, viz. (1) health, welfare and social services and (2) nursing in the home (Paragraph 9).

3. The syllabus of training is intended to provide for the teaching of essential principles and serve as a foundation for the nurse's subsequent work in the field (Paragraph 10).

4. The importance of demonstrations and visual aids being used with lectures wherever possible is emphasised: visits should be arranged to clinics and centres catering for special types of patients and illnesses (Paragraphs 13 and 14).

5. Experience of work in a rural district is desirable (Paragraph 15).

6. One study day a week or an equivalent total period of time in a block system is recommended (Paragraph 16).

7. Both the practical and theoretical training should be capable of adaptation to meet the needs of the individual nurse (Paragraph 17).

8. The student should be introduced to nursing on the district as early as possible in her training (Paragraphs 18 and 20).

9. A reduction in the period of training for nurses with special experience is recommended (Paragraph 19).

10. Local health authorities and other bodies who wish to organize schemes of training should submit their proposals to the Minister with the names and qualifications of persons who will be responsible for directing the training and a description of the training premises and facilities (Paragraphs 21 and 22).

11. The formation of a Panel of Assessors is recommended (Paragraphs 23 and 24).

12. Periodical visits by the Minister's Public Health Nursing Officers would ensure the maintenance of a proper standard of training (Paragraph 25).

13. We recognize that the examination is of secondary importance to the course itself, but a method of assessment is essential (Paragraph 26).

14. The course should include a written and a practical examination and all candidates should take the whole examination (Paragraph 27).

15. Our scheme provides for internal examinations, externally assessed, and for a maximum of three examinations a year (Paragraphs 28 and 29).

16. Each training authority should submit to the Minister the names of two or three competent persons prepared to act as examiners (Paragraph 30).

17. We recommend the formation of a Panel of Examiners from which the training authority would invite one or more examiners to assist with each examination (Paragraph 31).

18. The written examination should consist of one paper divided into two parts to cover the two parts of the syllabus (Paragraph 32).

19. The training authority should be responsible for holding the examination but the draft paper should be submitted beforehand for the Minister's approval (Paragraph 33).

20. A certain number of the candidates' marked scripts should be called for by the Minister for final assessment (Paragraph 34).

21. The practical examination should cover a normal half day's district work (Paragraph 35).

22. Interim reports on the students' progress during training should be made available to the Panel of Assessors (Paragraph 37).

23. The assessment of the marking of a certain number of candidates' scripts by the Panel of Assessors would ensure that all nurses who pass the examination have a uniform qualification (Paragraph 38).

24. The examination Pass List would be determined from the marks of the written and practical examinations (Paragraph 39).

25. Each candidate should be required to obtain 40 per cent. marks in each section of the written examination and also in the practical examination with a final average of not less than 50 per cent. (Paragraph 40).

26. Each successful candidate should be awarded a certificate (Paragraph 41).

27. Every candidate should have an identical certificate (Paragraph 42).

28. All nurses who pass the examination would have equivalent status and there should be no reference to the place of training or examination on the certificate (Paragraph 43).

29. Each training school should be given a code number which should be inserted on the certificate with the candidate's own number and the year of examination (Paragraph 44).

30. Each certificate should be signed by the Chairman of this Committee, the Minister's Chief Nursing Officer and a nursing officer of the training authority (Paragraph 45).

31. The Minister should keep a list of the names of successful candidates (Paragraph 46).

During our deliberations, we have had two Secretaries, namely Mr. S. G. Mackenzie for the earlier period and Miss E. M. Reeve for the latter period. We would like to express out gratitude and indebtedness to each for the knowledge, understanding and ability they have brought to this task. We wish to thank Miss Reeve in particular for her skill in the preparation of the Report.

Signed DOUGLAS H. INGALL (*Chairman*)

DOROTHY F. EGAN

A. ELLIOTT

M. ESSLEMONT

F. L. FREEMAN

EDNA JACKSON

V. M. KING

I. H. MORRIS

C. W. W. READ

ANDREW B. SEMPLE

E. M. WEARN

D. M. WILLIAMS

E. M. REEVE (*Secretary*)

24th November, 1958.

APPENDIX A

The following syllabus which is to be regarded as a minimum is designed to prepare nurses for the nursing of the sick in their own homes

The present syllabus of the General Nursing Council provides instruction designed to meet the whole needs of a patient, physically, mentally and socially; the State Registered Nurse, taking up district nursing will, therefore, not only have been trained in the nursing of the sick but will also have some knowledge of the health and welfare services and their place in the care of the sick.

The purpose of this syllabus of district nursing is to enable the nurse to become efficient in district nursing, but no syllabus of training can cover every aspect of the field of work subsequently to be encountered, so that the aim should be the teaching of essential principles that will serve as a foundation for his, or her, subsequent experience in the field. It is considered that a period of 16 weeks' training would be appropriate.

Instruction should include the adaptation of hospital nursing techniques to nursing in the home, the nursing of illnesses met infrequently in hospital, sufficient knowledge of the social services to enable the nurse to recognise when one or more of these services might be necessary for the welfare of the patient, the teaching of home care to relatives and the use of opportunities for health education.

The syllabus, by intention, is not detailed, since it is based on the assumption that full use will be made of modern teaching methods with the number of formal lectures kept to a minimum. Demonstrations should have an established place in the course, as should discussions and such visual aids as films and film strips. It is recommended that two or three days experience in a rural area should, wherever possible, be included in all training schemes.

One study day a week or an equivalent total period of time in a block system is recommended. The adoption of one or the other will depend on the nature of the area in which the nurses undertake practical work, the premises and staff available for teaching and the number of students.

Since the course is intended to be of as practical a nature as possible, demonstrations should wherever possible be given with lectures, and visits covering a wide and varied field should be arranged, e.g. to child welfare clinics, factory health and welfare departments, old people's homes, and industrial rehabilitation centres. While every nurse may not be able to make all the visits that have been arranged, one or more of those under training should cover each of the items in the programme so that by pooling information through discussion group procedures all may learn something of the work of these establishments.

It is important that the content of both the practical and the theoretical training should be capable of adaptation to meet the needs of the individual nurse. For example, the nurse who has had special experience in the care of

old people will clearly need less tuition in this aspect of home nursing than another student who has worked particularly with children. The content of the training course should, therefore, be adapted to the needs of individual students according to their experience and aptitude.

In its early stages training should include demonstrations at the training school and experience in the patient's home. The student should be introduced to nursing on the district as early as possible in her training, during the early stages of which she would work under the close guidance of an experienced district nurse, the degree of supervision gradually being reduced until she is able to take sole nursing charge of her patients. In this way the student would give some service to the training authority, but it is important that the training should be related to the needs of students rather than to the immediate needs of a local health authority's home nursing service.

A reduction in the length of training to 12 weeks for nurses who are health visitors or midwives and those with 18 months' experience of district nursing may be achieved in those sections where they have had previous training and experience. For all nurses, however, the course must be based on nursing in the home, first by demonstration, then by work under supervision leading by stages to the assumption of full responsibility.

PART (1) HEALTH, WELFARE AND SOCIAL SERVICES

	<i>Lectures</i>	<i>Lecturer</i>
(a) Outline of Central and Local Government with special reference to the National Health Service.	1	Medical Officer of Health of Local Health Authority.
(b) Services provided by Local Health Authorities ... Care of mothers and young children; health visiting; ambulance services; care and after-care services; domestic help service; care of children during illness of mother; provision of loan equipment.	3	Superintendent Health Visitor or Health Visitor Tutor.
(c) Welfare and Social Services (i) National Insurance and National Assistance. (ii) Welfare Services, including residential care of the Aged. (iii) Voluntary Organisations such as British Red Cross Society and St. John Ambulance Brigade; national and local Old People's Welfare Committees; Women's Voluntary Services; Meals on Wheels and Clubs.	2	(i) and (ii) Medical Officer of Health of Local Health Authority or officer of the organisations concerned. (iii) Superintendent Health Visitor or Health Visitor Tutor.
(d) Other Local Authority Services Public Health Inspector; School Health Service; work of Children's Officer.	2	Medical Officer of Health of Local Health Authority.
(e) Responsibilities in relation to:— (i) Records and record keeping; (ii) General practitioners and hospitals.	2	(i) Superintendent of District Nursing Service. (ii) General practitioner.

PART (2) NURSING IN THE HOME

	<i>Lectures</i>	<i>Lecturer</i>
(a) Responsibilities to Patient and Family The nurse's approach to the family; the effect on the family of acute and chronic illnesses; techniques; use of household equipment; the teaching of home care to relatives.	1	Superintendent of District Nursing Service.
(b) General Principles (i) District organisation. Planning the day's work; priorities, use of other services. (ii) Barrier nursing of common infectious diseases. Preventive measures; immunisation and vaccination procedures. (iii) Nursing of sick children. Modern trends, regression during illness; social place of mother; importance of play. (iv) Chronic and progressive illnesses. Relief of pain; helping patients to live with their disabilities; creation of interests; adaptations and aids for the disabled.	4	(i) and (ii) Superintendent of District Nursing Service. (iii) Paediatrician. (iv) Physician.
(c) Posture and Lifting Lecture and demonstration.	1	Superintendent of District Nursing Service.
(d) Drugs Ethical and legal considerations; supply and storage. Drugs in common use.	2	Physician and General practitioner.
(e) Nutrition, family budgeting and food storage ...	1	Superintendent of District Nursing Service or specialist lecturer.
(f) Prevention of accidents in the home	1	Superintendent Health Visitor or specialist lecturer.
(g) Special Diseases (i) Cancer. (ii) Tuberculosis. (iii) Diabetes. (iv) Diseases of the Central Nervous System. (v) Cardiac disease. (vi) Common skin diseases, asthma and other allergic manifestations. (vii) Mental Deficiency and Mental Illness (2 lectures).	8	Physician or Surgeon, as appropriate.
(h) Maternity nursing including cases of abortion ...	1	Supervisor of Midwives.
(j) Care of the Aged Prevention of disability; incontinence, senility; diet; loneliness; keeping the aged at home; use of other social and voluntary services.	3	Superintendent of District Nursing Service (2) Geriatrician (1).

APPENDIX B

Examination Procedure

Type of Examination

Internal, externally assessed.

Scope of Examination

- (i) Written paper, divided into two parts to cover the two parts of the Syllabus. The candidates will be expected to answer two questions out of three in the first part and four questions out of five in the second part. There should be no compulsory questions and the candidate must be successful in both parts of the paper. Three hours should be allowed for the written examination.
- (ii) Practical Examination.

Number of Examinations

One to three per annum to be held in each of three fixed weeks for the written examination, the dates to be appropriate to allow for a maximum of three training courses each year.

Examiners

Each training authority will submit to the Minister the names of two or three competent persons prepared to act as Examiners. From these submissions, the Minister will compile a Panel of Examiners, from which the training authority will invite one or more examiners to assist with each examination.

Written Examination

The procedure will be as follows:

- (1) By a given date (about five weeks before the date of the examination) the training authority will submit its draft examination paper to the Minister who will either approve the paper or if necessary, amend it, to ensure that the nationally recognized standard is achieved. The paper as finally approved will be returned to the training authority who will be responsible for holding the examination.
- (2) When the examination has been held, the candidates' scripts, which should be numbered, should be marked by the training authority's examiners, after which a certain number will be called for by the Minister for final assessment.

Practical Examination

The practical examination will cover a normal half day's district work, including where possible a visit to a completely new patient.

APPENDIX C

†A.120523

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NATIONAL HEALTH SERVICE

THIS IS TO CERTIFY THAT

.....
has undertaken a course of instruction in

DISTRICT NURSING

at a centre approved by the Minister of Health

and has passed the examination

*.....
*Chairman of Advisory Committee on the Training
of District Nurses*

*.....
*Chief Nursing Officer of the
Ministry of Health*

*.....
*Nursing Officer of Training
Authority*

Date.....

† A = year of examination
12 = number of training centre
0523 = candidate's number
* = facsimile signature

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